

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		19	2/19/01
<b>FORMALITY REVIEW</b>	C.V.	2-5-03	05/05/01
<b>RESPONSE FORMALITY REVIEW</b>	TZ	947	09/19/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	7/19/00
2	7/19/00
3	✓
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5	✓
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18	✓
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21	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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RFB-2C537  
09/19/01